Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/05/08	Address:	Vehicle/Traffic Stop
Case #:	16F17959		intersect Jay & Jefferson
County:	<u>Howard</u>		Kokomo, Indiana
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
_ +	onal Lab	Residence	Hotel/Motel
=	cal/Glassware/Equipment (only) ite (only)	☐ Outbuilding✓ Vehicle	Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Lithium/Ammonia Reaction(s):			
Rcd Phosphorous/Iodine Reaction(s):			
∑ Fiammable Solvents: trunk			
Water Reactive Metal (Lithium): console			
Anhydrous Ammonia: in camp fuel in trunk			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Investigative Information			
	'a (number present)		e/Pseudoephedrine Tracking Log
□ No	- · · · · ·	Retail/M	erchant Tip
*If yes, fax re	eport to Child Protective Services	Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	Fire Department: Kokomo F.D.		<u>156-7580</u>
Health Department: Howard Co.		Fax: <u>765-4</u> Fax:	
Child Prote	ection Service: <u>N/A</u>		_
For further information regarding this methamphetamine laboratory, contact			
Investigating Officer: R.A. Burgess Phone 765-473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.